

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **N26712 (2)**

1. Corporation Name
WESTCHESTER COUNTRY CLUB HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: ~~640 BAUER MANAGEMENT CORP~~
~~3445 NW 55 ST~~
~~FT LAUDERDALE FL 33309~~
~~US~~

Mailing Address: ~~3445 NW 55 ST~~
~~PO BOX 100547~~
~~FT LAUDERDALE FL 33309~~
~~US~~

3. Date Incorporated or Qualified: **06/01/1988**
3a. Date of Last Report: **02/03/1995**

2. Principal Place of Business: **21 No Summit Prop Mgmt**
2a. Mailing Address: **P.O. Box 189013**
4. FEI Number: **65-0182373**

22. Suite, Apt. #, etc.: **P.O. Box 189013**
27. Suite, Apt. #, etc.:

23. City & State: **Hantation FL**
28. City & State: **Hantation FL**

24. Zip: **33313**
25. Country: **USA**
29. Zip: **33313**
30. Country: **USA**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
EDGAR, CHARLES W III ESQ
777 S. FLAGLER DR
SUITE 310E
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent:
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	N/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALAL, ROGER	1.2 NAME	Joe Tradella
STREET ADDRESS	10560 NW 27TH ST, SUITE 101	1.3 STREET ADDRESS	12421 Sand Wedge Dr.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL
TITLE	STB <input checked="" type="checkbox"/> DELETE	2.1 TITLE	N/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAL, SERAFIN	2.2 NAME	Donald Williams
STREET ADDRESS	1603 S. DIXIE HWY, SUITE 203	2.3 STREET ADDRESS	12414 Pleasant Haven Way
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANO, EUGENE	3.2 NAME	
STREET ADDRESS	10560 NW 27 ST SUITE 101	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARCY, MARYANN	4.2 NAME	
STREET ADDRESS	12426 PLEASANT GREEN WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKRITZ, DOROTHY	5.2 NAME	
STREET ADDRESS	12320 SAND WEDGE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Dorothy Lakritz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)